

Iowa College Student Aid Commission

Application for Registration (Authorization) of Postsecondary Schools Iowa Code Chapter 261B

This is the application form for all schools that are required to register under Iowa Code Chapter 261B.

All items must be completed before the registration application or the exemption will be considered received for processing. If there is insufficient space on the form to provide all requested information, use additional pages as required, numbering to correspond to the item. Other documents or materials may be attached to the form in lieu of providing the information on the form. In such cases, the material or document should be referenced on the form and *clearly marked* for ease of identification.

Submit one paper copy and one electronic pdf copy of the application on thumb drive or CD to:

Postsecondary Registration Coordinator
Iowa College Student Aid Commission
430 E. Grand Ave., FL 3
Des Moines, Iowa 50309

A school must submit a \$1000 application fee with the application. Please make the check payable to State of Iowa.

The information you provide will be open to public inspection under Iowa Code Chapter 22.11, and posted to the Iowa College Student Aid Commission website under Iowa Code Section 261.2., subsection 7(b).

Exception: A private non-profit or for-profit corporation may submit financial statements associated with its most recent independent auditor's report to the Commission and request that they be treated as confidential. For more information, see item #30:

For assistance or questions regarding the application, contact the Postsecondary Registration Coordinator at:

Carolyn.small@iowa.gov
(515) 725-3413

Distance Education Program to be Offered in Iowa	Tuition	Fees	Books and Supplies	Other	Estimated Total Program Charges
(SEE ATTACHED EXHIBIT 3 FOR LIST)					

(5) Please list all distance education programs that include a structured field experience that the school will permit an Iowa resident to participate in at an Iowa location. For each program that includes a field experience, please attach documentation that describes the expectations of the student, school faculty, and a site supervisor.

SEE ATTACHED EXHIBIT 4

(6) Provide the name of every other State of Iowa agency required to approve the applicant school in Iowa and the school's contact person at the agency. Attach documentation of the school's approval.

State of Iowa Agency Name:

Iowa State Board of Education/Iowa Department of Education

Contact Person:

Telephone Number:

Brad Buck

515-281-5294

E-mail address:

Brad.Buck@iowa.gov (SEE ATTACHED EXHIBIT 5)

(7) Does the school plan to offer in Iowa a program that prepares a student for first-time, licensed professional employment?

☐

No

☒

Yes

List the program and the Iowa professional licensure board that licenses persons to practice the profession for which the school's program prepares a student. For each program, attach documentation demonstrating that the school's program either meets the requirements of a programmatic accrediting agency approved by the Iowa professional licensure board, or that the school's program meets the Iowa professional licensure board's curriculum requirements such that a student who completes the school's program is not required to complete additional coursework or practicum hours that the school did not offer in its program.

Associate of Science in Nursing - Iowa Board of Nursing (SEE ATTACHED EXHIBIT 6)

Master of Arts in Teaching - Iowa Department of Education (SEE ATTACHED EXHIBIT 6)

(8) Provide a copy, a link to the school's Internet site, or a description of the school's refund policy for the return of refundable portions of tuition, fees, or other charges [(261B.4(4))] For a for-profit school with at least one program of more than four months in length that leads to a recognized educational credential, the school's tuition refund for Iowa students must comply with Iowa Code Section 714.23. For more information about Iowa Code Section 714.23, contact the Postsecondary Registration Administrator or see the *Postsecondary Registration* tab on the Commission's main web page at www.iowacollegeaid.gov.

http://catalog.kaplanuniversity.edu/Refund_Policy.aspx

(9) Provide the name, business address and telephone number of the chief executive officer of the school: [(261B.4(7))]

Name:	Suite:	Street:
Lisa Zerbonia	1	1801 E. Kimberly Road
City:	State:	Zip:
Davenport	IA	52807
Country:	Telephone Number:	
US	563-441-2454	

(10) Provide a copy, a link to the school's Internet site, or describe below the means by which the school intends to comply with 261B.9 [(261B.4(8))]: www.kaplanuniversity.edu

261B.9 DISCLOSURE TO STUDENTS.

Prior to the commencement of a course of instruction and prior to the receipt of a tuition charge or fee for a course of instruction, a school shall provide written disclosure to students of the following information accompanied by a statement that the information is being provided in compliance with this section:

1. The name or title of the course.
2. A brief description of the subject matter of the course.
3. The tuition charge or other fees charged for the course. If a student is enrolled in more than one course at the school, the tuition charge or fee for all courses may be stated in one sum.
4. The refund policy of the school for the return of their fundable portion of tuition, fees, or other charges. If refunds are not to be paid, the information shall state that fact.
5. Whether the credential or certificate issued, awarded, or credited to a student upon completion of the course or the fact of completion of the course is applicable toward a degree granted by the school and, if so, under what circumstances the application will be made.
6. The name of the accrediting agency recognized by the United States department of education or its successor agency which has accredited the school.

N/A

(11) Provide the name, address, and telephone number of a contact person in Iowa. [(261B.4(10))]. If the school is applying for distance education and has registered with the Iowa Secretary of State as a for-profit or non-profit corporation transacting business in Iowa, please list the corporation's Iowa registered resident agent.

Name:	Suite:
Susan Spivey	
Street:	City:
3165 Edgewood Parkway SW	Cedar Rapids
State:	Zip:
IA	52404
Country:	Telephone Number (including country or area code):
US	319-363-0481

(12) Provide the name, address, and title of the other officers and members of the legal governing body of the school: [(261B.4(6))]

Officer Number 1	
Name:	Suite:
Bott, Paul	
Street:	City:
550 West Van Buren St.	Chicago
State:	Zip:
IL	60607

Country:

Telephone Number (including country or area code):

US

For officers 2 or more, add pages as needed.

(13) For a for-profit institution, provide the names and business addresses of persons owning more than 10% of the school: [(261B.4(6))]

Name:

Suite:

David, Larry

1200

Street:

City:

State:

Zip:

10866 Wilshire Blvd.

Los Angeles

CA

90024

Country:

Telephone Number (including country or area code):

US

626-836-2908 (SEE ATTACHED EXHIBIT 7)

For owners 2 or more, add pages as needed.

(14) Name all agencies accrediting the institution or programs offered in Iowa that are recognized by the U.S. Department of Education. [(261B.4(9))] Attach a copy of the school's accreditation status for each agency. Provide all documentation in the school's records about any pending or final accrediting agency sanction.

If the school is applying to initiate in-person instruction at an Iowa location and the school's accrediting agency has not approved the Iowa location, provide documentation from the accrediting agency that its approval is not required or the school's request for approval of an the Iowa location will be considered by the accrediting agency upon approval by the Commission.

Accrediting Agency 1

Name:

Suite:

The Higher Learning Commission (SEE EXHIBIT 8) 7-500

Street:

City:

State:

Zip:

230 S. LaSalle Street

Chicago

IL

60604

Country:

Telephone Number (including country or area code):

US

800.621.7440x128

Contact Person:

Anthea Sweeney

Accrediting Agency 2

Name:

Suite:

Street:

City:

State:

Zip:

Country:

Telephone Number (including country or area code):

Contact Person:

Accrediting Agency 3

Name:

Suite:

Street:

City:

State:

Zip:

Country:

Telephone Number (including country or area code):

Contact Person:

For additional accrediting agencies, add additional pages.

(15) Describe the procedures followed by the school for safeguarding (e.g., storage, security and back-up processes) and preservation of student records. [(261B.4(12))]

All relevant student documents are stored in the student's electronic profile using the Orion Document Imaging System and are retained in that form. The Document Imaging file is organized into two major areas, the student's Academic File and the student's Financial File. Different departments are responsible for the effective delivery of these documents into the student's electronic file.

(16) Provide the contact information to be used by students and graduates who seek to obtain transcript information.

Name:

Suite:

Mike Lorenz

Street:

City:

State:

Zip:

550 West Van Buren Street

Chicago

IL

60607

Country:

Telephone Number (including country or area code):

US

312-777-6480

E-mail address and/or web site:

mlorenz@kaplan.edu (SEE ATTACHED EXHIBIT 9)

(17) List the states and licensure/authorization agencies for all states that require the school to obtain authorization to operate, maintain a presence, or offer distance education in that state. Attach documentation of the school's licensure/authorization status in each state. Do not list states in which the school's status is "exempt."

State: (SEE ATTACHED EXHIBIT 10)

Agency Name:

(18) Has a state ever revoked the school's approval to operate in that state?

☒ No ☐ Yes. If yes, attach documentation from the state of its revocation action.

(19) Has a state sanctioned the school within the year prior to the date of this application?

☒ No ☐ Yes. If yes, attach documentation from the state of its sanction action.

(20) Is the school presently under investigation by or bound to the terms of a judgment issued by a state's attorney general or other enforcement authority?

☒ No ☐ Yes. If yes, attach documentation of the investigation or judgment from the enforcement authority.

(21) Will the school certify that it will immediately notify the Commission of any pending or final sanction issued by the school's accrediting agency, another state agency that registers or licenses the school during its Iowa registration term, or a state attorney general's office or other enforcement authority?

☒ Yes ☐ No

(22) Describe the academic and instructional methodologies and delivery systems to be used by the school and the extent to which the school anticipates each methodology and delivery system will be used., including, but not limited to, classroom instruction, correspondence, internet, electronic telecommunications, independent study, and portfolio experience evaluation. [(261B.4(13))]

Kaplan University offers Iowa students educational programs via classroom instruction and online. Students enrolled in Kaplan University's online programs use Kaplan University's online platform, which is located on the Internet at www.kucampus.kaplan.edu. It is supported by a large farm of Web servers configured redundantly to generally assure uninterrupted, around-the-clock operation.

(23) Is the school subject to a limitation, suspension or termination (LST) order issued by the U.S. Department of Education?

☐ Yes ☒ No

Please attach a copy of the school's current federal student aid Program Participation Agreement with the U.S. Department of Education.

(24) Do you currently:

Enroll students in Iowa? ☐ No ☒ Yes. How many? 1887

Employ Iowa faculty ☐ No ☒ Yes. How many full-time? 34 How many part-time? 83

Provide the name(s) of and business contact information for any Iowa resident that the school compensates to provide instruction or academic supervision in the programs its offers in Iowa.

(SEE ATTACHED EXHIBIT 13)

(25) Do you compensate Iowa residents to perform other operational activities for the school besides teaching (e.g., program or Iowa site coordinator, call-taker, admissions representative)? ☒ No ☐ Yes

Provide the names, titles, and business contact information for all Iowa residents that the school compensates to provide operational support other than teaching. Attach a resume, other documentation, or provide a link to the school's Internet site that provides a curriculum vitae summary for each Iowa resident employee who is a *full-time program or Iowa site coordinator*.

(26) Of the total number of faculty (including those that may not be Iowa residents) who will provide instruction in programs offered to Iowa residents, how many are full-time? 260 How many are part-time? 2830

Attach resumes, other documentation, or links to your Internet site that describe 1) the educational and experiential qualifications of all faculty or instructors who teach the courses offered to Iowans, and 2) the general subject matter in which they teach.

(27) How will your school comply with Iowa Code section 261B.7, which requires the school to disclose that it is registered by the Commission, including and provide the Commission's contact information for student questions or complaints?

(SEE ATTACHED EXHIBIT 15)

(28) Will your school comply with the requirements of Iowa Code Section 261.9(1)"e" to "h"?

☒ Yes ☐ No

Note: Schools that apply for registration to offer distance education programs and who have no compensated parties working remotely for the school from an Iowa location are not required to comply with Iowa Code Section 261.9(1)"h". For more information about Iowa Code Section 261.9(1), please contact the Postsecondary Registration Coordinator or see the Postsecondary Registration/Authorization tab on the Commission's main web page at www.iowacollegeaid.gov.

You must attach policies that are ready for implementation upon registration approval and that comply with these requirements.

(29) Does the school agree to file annual reports that the Commission requires from all Iowa colleges and universities? (Note: at this time the Commission does not require annual reports for out-of-state distance education program providers.)

☒ Yes ☐ No

(30) Attach a copy of the applicant school's most recent independent audit report prepared by a certified public accounting firm no more than 12 months prior to the application and state below where, in the audit report, there is evidence that the auditor is providing an unqualified opinion.

Note: A school may submit to the Postsecondary Registration Coordinator financial statements associated with an independent audit in a separate electronic file that is marked confidential. The Commission will not treat as public records financial statements that a school identifies as confidential.

(SEE ATTACHED EXHIBIT 16)

(31) Describe how your school provides students with learning resources, including appropriate library and other support services requisite for the school's programs.

The Kaplan University Library at the Davenport campus is designed to support and enhance the student's education in all aspects of curriculum with a combined collection of books, videos, and subscriptions to magazines, journals, and newspapers. In the library, students also have access to research assistance from library staff, wireless connectivity, downloadable audio and electronic books, and computer workstations providing access to an extensive collection of electronic subscription databases. The library offers other resources and services, including but not

(32) Provide evidence that faculty within an appropriate discipline are involved in developing and evaluating curriculum for the program(s) to be registered in Iowa.

The Kaplan University School Review Teams (SRTs) are responsible for the review of and decisions regarding curricular programs and courses in their respective schools. The SRTs will:

1. Approve new certificates, certification programs, associate's degree, bachelor's degree, and graduate programs and/or changes to existing programs. SRTs may approve the following program-related items, which should also be included in the New or Revised Program Proposal template:

(33) If applicable, please provide evidence that the school has adequate physical facilities appropriate for the program(s) and students services to be offered and are located in the state. For a school that applies for registration to open a fixed instructional site, include a copy of a signed agreement for a facility purchase or lease or option to purchase or lease.

Each Kaplan University onsite program is taught in specially built classrooms, including computer and medical labs. Facilities are partially accessible to persons with physical impairments. Lounge facilities are available for student use. CAMPUSES

- The Davenport, Iowa, campus is located at 1801 East Kimberly Road, Suite 1. This building encompasses 35,100 square feet.

(34) For a for-profit institution, provide an organizational plan that shows the physical address and contact information for all internet-based and site-based educational locations, administrative, and service centers operated by the applicant and any parent organization.

(SEE ATTACHED EXHIBIT 17)

(35) Provide documentation showing the school's policy for the resolution of student and graduate comments and complaints. Provide complete contact information to which complainants may be referred.

(SEE ATTACHED EXHIBIT 18)

(36) Provide the U.S. Department of Education cohort default rate for each associated organizational entity for which the U.S. Department of Education reports a cohort default rate.

(SEE ATTACHED EXHIBIT 19)

(37) Provide the average debt upon graduation of individuals completing programs at each branch location and the entire organization.

(SEE ATTACHED EXHIBIT 20)

(38) Provide the U. S. Department of Education cohort graduation rate for each branch location and the total organization, showing rates for graduates of diploma, two-year, and four-year programs if those rates are reported to the U. S. Department of Education National Center for Education Statistics.

SIGNATURE

Applicant School Chief Executive Officer

John P. Carreon

Name

John P. Carreon

Signature

Vice President, State Affairs and Associate General Counsel

Title

November 17, 2014

Date

By my signature above, I commit to the delivery of programs this school offers in Iowa, and agree to provide alternatives for students to complete programs at other institutions if the applicant school closes the program before students have completed their courses of study.

Additional Instructions:

- If any information in this application changes between the time the Commission of application Commission action, the school must inform the Commission in writing.
- A registration fee of \$1000 is due and payable to the State of Iowa upon registration approval.
- Registrations must be renewed every two years. During a registration term, a school must submit a written request for amendment and remit an additional \$1000 amendment fee upon any substantive change in program offerings, location, or accreditation.
- During a registration term, changes that occur to the information provided in this application must be submitted in writing (e-mail is acceptable) to the Postsecondary Registration Coordinator within 90 days of the change (e.g., a new program that does not required the approval of an agency of the state of Iowa).
- During a registration term, a school that offers distance education programs that include a mandatory structured field experience must notify the Commission of the Iowa field experience location within 90 days of establishing the Iowa field experience site.